

First Steps Private Medical Insurance Consent

State Form 51308(4-03)BCD0085

This form is to be completed by each First Steps family who is allowing First Steps to access Private Medical Insurance benefits. A completed copy of the Private Medical Insurance Supplement form and copy of the Insurance Card must be attached.

First Steps services in Indiana are, by and large covered by State and Federal funding. However, the law does require eligible families to assist in financially supporting their child and family's services through cost participation and access to insurance. Your Service Coordinator should have discussed with you your level of participation, which allows you to choose to participate through payment of a co-payment fee or payment of up to \$3,500 annually, through your insurance plan. All families, including those who are not eligible for cost participation, are being asked to give consent to bill their private insurance to assist in financially supporting their early intervention services received through First Steps.

Indiana legislation assures that insurance payments for First Steps early intervention services are not counted toward your child's lifetime benefit cap. The only exception is for self-funded health insurance, where your employer pays for your health-related costs. Self-funded health insurance plans are not required to follow the specific terms of the insurance legislation. The State of Indiana and Indiana state-funded university health insurance policies are covered under the legislation, although they are self-insured plans. Families with a self-insured health insurance policy are encouraged to talk with their employer to better understand their benefit plan and coverage limits.

If you have questions about your insurance coverage, the legislation protecting our coverage, or cost participation, please ask your Intake or Service Coordinator.

I _____, hereby authorize the First Steps Program to:
(Parent or legal guardian)

- Release necessary information to the insurance company(ies) designated below; and
- Request necessary information from the insurance company(ies) designated below:

Name(s) of Insurance Company(ies)

Necessary information may include my child's diagnosis, service dates, and services types and other information necessary to process my insurance claims for payment to the First Steps Program. I consent to the release of this information and understand that I may cancel my consent, at any given time, by notification to my Service Coordinator. The cancellation will be effective upon the date the notice is received.

I further consent to allow the First Steps Program to bill the insurance company(ies) listed above for early intervention services provided to my child and family. By giving consent, I am assigning benefits to the First Steps Program. If an insurance payment is made directly to me for First Steps services, I will forward these payments directly to the First Steps Central Reimbursement Office. I will also notify the Service Coordinator of any changes to my health insurance policy, as well as any denial information.

My rights and responsibilities relating to the First Steps Program and payment of services have been explained to me. I acknowledge that if my insurance policy fails to reimburse First Steps for services, or the amount of reimbursement is less than my co-payment amount, I will be responsible for the co-payment amount balance. I thereby agree to the terms of this consent and allow First Steps to bill and accept payment from my child's health insurance plan. I may terminate this consent at any time by providing notification to the Service Coordinator.

Parent or Legal Guardian holding authority to authorize insurance payment

Date

Service Coordinator

Date

Original:	SPOE
Copy:	SC and Family
Billing:	Billing for FCM may be submitted for a total of 30 minutes per IFSP year. Face to face completion of this form may be utilized as FCM billing up to the total maximum. Face to Face completion of the Private Medical Insurance Supplement form may also be utilized toward FCM.

